

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013895

STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 165 Primary Registration District No. Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>Knox</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Edina</b>		c. CITY OR TOWN <b>Granger</b> <b>0990</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gibson Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>423</b>	
Length of stay in lb <b>2 Weeks</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>W.</b> Last <b>Smith</b>		4. DATE OF DEATH Month <b>April</b> Day <b>20</b> Year <b>1959</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 23, 1866</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>93</b>
11. BIRTHPLACE (City and state or country) <b>Scotland Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Elijah Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Wright</b>	
14. NAME OF HUSBAND OR WIFE <b>Jesse Louella Smith</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT <b>Mae McCoy</b> Address <b>Granger, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Circulatory Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Decompensated Hypertensive Heart Disease</b> DUE TO (c) <b>Arteriosclerosis</b> <b>443 X</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year <b>p.m.</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>April 6, 1959</b> to <b>April 20</b> and last saw her alive on <b>April 20</b> Death occurred at <b>4:25</b> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. H. Gibson, MD.</b> (Degree or title)		22b. ADDRESS <b>Edina Mo.</b>	
22c. DATE SIGNED <b>4-22-59</b>		23a. NAME OF CEMETERY OR CREMATORY <b>Granger Cemetery</b>	
23b. DATE <b>April 22, 1959</b>		23c. LOCATION (City, town, or county) (State) <b>Granger, Mo.</b>	
24. FUNERAL DIRECTOR <b>Arthur B. Smith</b> ADDRESS <b>Granger, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Apr. 22-59</b>	
26. REGISTRAR'S SIGNATURE <b>Nelle S. Harsh</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Albert C. Quirk .....

Licensed Embalmer No. 4257 .....

P. O. Address Memphis .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.